


SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature  </p> <p><input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>CO I Williams  Easterling Correctional Facility  200 Wallace Drive  Clio, Alabama 36017</p>		<p>B. Received by (Printed Name)  C. Date of Delivery  1-26-06</p>	
<p>2. Article Number  (Transfer from service label)</p> <p>2:06 W10 (copy order) 40 Qyp</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
		<p>7005 1160 0001 2962 3151</p>	

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Kenneth Sconyers  
Easterling Correctional Facility  
200 Wallace Drive  
Clio, Alabama 36017

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

x

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

## 3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

## 2. Article Number

(Transfer from service label)

7005 1160 0001 2962 3182

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

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- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Nurse McKinley  
Easterling Correctional Facility  
200 Wallace Drive  
Clio, Alabama 36017

2:06 CIVD (copy order) 40 days

2. Article Number  
(Transfer from service label)

7005 1160 0001 2962 3175

PS Form 3811, August 2001

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Sharon Blakely*

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

1-26-06

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

102595-02-M-1540

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<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p style="text-align: center;"><i>[Signature]</i></p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p> <p style="text-align: center;"><i>[Signature]</i> <span style="float: right;"><i>1-26-06</i></span></p>						
<p>1. Article Addressed to:</p> <p style="text-align: center; padding-left: 40px;">Prison Health Services, Inc. Easterling Correctional Facility 200 Wallace Drive Clio, Alabama 36017</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>						
<p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; margin-top: 10px;"><i>2:06 (no) (no) (no)</i></p>	<p>3. Service Type</p> <table style="width: 100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> Certified Mail</td> <td><input type="checkbox"/> Express Mail</td> </tr> <tr> <td><input type="checkbox"/> Registered</td> <td><input checked="" type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td><input type="checkbox"/> C.O.D.</td> </tr> </table> <p>4. Restricted Delivery? (Extra Fee) <span style="float: right;"><input type="checkbox"/> Yes</span></p>	<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail	<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail						
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise						
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.						
<p>7005 1160 0001 2962 3168</p>							
<p>PS Form 3811, August 2001 <span style="margin-left: 100px;">Domestic Return Receipt</span> <span style="float: right;">102595-02-M-1540</span></p>							

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## 1. Article Addressed to:

Sgt. Bryant  
Easterling Correctional Facility  
200 Wallace Drive  
Clio, Alabama 36017

## A. Signature

x

B. Received by (Printed Name)

☐ Agent☐ Addressee

C. Date of Delivery

1-26-06

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

## 3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

## 2. Article Number

(Transfer from service label)

7005 1160 0001 2962 3106

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

1. Article Addressed to:

A. Signature

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type	
-----------------	--

☐ Certified Mail      ☐ Express Mail  
☐ Registered      ☐ Return Receipt for Merchandise  
☐ Insured Mail      ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

## 2. Article Number

(Transfer from service label)

PS Form 3811, August 2007

7005 1160 0001 2962 3144

**Domestic Return Receipt**

102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

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## 1. Article Addressed to:

Gwendolyn Mosley  
Easterling Correctional Facility  
200 Wallace Drive  
Clio, Alabama 36017

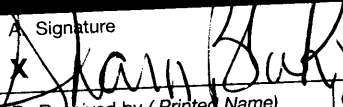
## 2. Article Number

(Transfer from service label)

PS Form 3811, August 2001

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

  
 B. Received by (Printed Name)
☐ Agent☐ Addressee

C. Date of Delivery

1-26-06

 D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

## 3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

Restricted Delivery? (Extra Fee)

☐ Yes

7005 1160 0001 2962 3120

Domestic Return Receipt

102595-02-M-1540